

B1 (Official Form 1)(04/13)

<b>United States Bankruptcy Court</b> <b>Northern District of Indiana</b>		<b>Voluntary Petition</b>
Name of Debtor (if individual, enter Last, First, Middle): <b>Larocque, Patricia A</b>		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>AKA Patricia A Davis</b>		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) <b>xxx-xx-0922</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>21 Brookside Manor</b> <b>Goshen, IN</b> <div style="text-align: right;">ZIP Code <b>46526</b></div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right;">ZIP Code</div>
County of Residence or of the Principal Place of Business: <b>Elkhart</b>		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
<b>Type of Debtor</b> (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:	<b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Nature of Debts</b> (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000		
<b>Estimated Assets</b> <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Larocque, Patricia A****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

**- None -**

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X /s/ Loraine P. Troyer**

Signature of Attorney for Debtor(s)

**December 3, 2013**

(Date)

**Loraine P. Troyer****Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Larocque, Patricia A****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Patricia A Larocque**Signature of Debtor **Patricia A Larocque****X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

**December 3, 2013**

Date

**Signature of Attorney\*****X /s/ Loraine P. Troyer**

Signature of Attorney for Debtor(s)

**Loraine P. Troyer 2127-20**

Printed Name of Attorney for Debtor(s)

**Loraine P. Troyer**

Firm Name

**102 W. Lincoln Ave., Suite 210  
1st Source Bank Building  
Goshen, IN 46526**

Address

**Email: lorainetroyer@frontier.com****(574)534-2347 Fax: (574)534-9101**

Telephone Number

**December 3, 2013**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

B22A (Official Form 22A) (Chapter 7) (04/13)

In re **Patricia A Larocque**  
 Debtor(s)  
 Case Number: \_\_\_\_\_  
 (If known)

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

- ☐ The presumption arises.  
☒ The presumption does not arise.  
☐ The presumption is temporarily inapplicable.

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

### Part I. MILITARY AND NON-CONSUMER DEBTORS

1A	<p><b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
1B	<p><b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.</p>
1C	<p><b>Reservists and National Guard Members; active duty or homeland defense activity.</b> Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. <b>During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</b></p> <p><input type="checkbox"/> <b>Declaration of Reservists and National Guard Members.</b> By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <div style="margin-left: 40px;"> <p>a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and</p> <div style="margin-left: 40px;"> <input type="checkbox"/> I remain on active duty /or/  <input type="checkbox"/> I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed; </div> <p style="text-align: center;">OR</p> <p>b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/  <input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.</p> </div>

**Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION**

2	<b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed. a. <input checked="" type="checkbox"/> Unmarried. <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b> b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." <b>Complete only column A ("Debtor's Income") for Lines 3-11.</b> c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b> d. <input type="checkbox"/> Married, filing jointly. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b>														
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.	<b>Column A</b> <b>Debtor's</b> <b>Income</b>	<b>Column B</b> <b>Spouse's</b> <b>Income</b>												
3	<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>	\$ <b>3,145.78</b>	\$												
4	<b>Income from the operation of a business, profession or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on Line b as a deduction in Part V.</b> <table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th></th> <th style="width: 10%;">Debtor</th> <th style="width: 10%;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a. Gross receipts</td> <td style="text-align: right;">\$ <b>0.00</b></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>b. Ordinary and necessary business expenses</td> <td style="text-align: right;">\$ <b>0.00</b></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c. Business income</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </tbody> </table>		Debtor	Spouse	a. Gross receipts	\$ <b>0.00</b>	\$	b. Ordinary and necessary business expenses	\$ <b>0.00</b>	\$	c. Business income	Subtract Line b from Line a		\$ <b>0.00</b>	\$
	Debtor	Spouse													
a. Gross receipts	\$ <b>0.00</b>	\$													
b. Ordinary and necessary business expenses	\$ <b>0.00</b>	\$													
c. Business income	Subtract Line b from Line a														
5	<b>Rent and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</b> <table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th></th> <th style="width: 10%;">Debtor</th> <th style="width: 10%;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a. Gross receipts</td> <td style="text-align: right;">\$ <b>0.00</b></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>b. Ordinary and necessary operating expenses</td> <td style="text-align: right;">\$ <b>0.00</b></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c. Rent and other real property income</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </tbody> </table>		Debtor	Spouse	a. Gross receipts	\$ <b>0.00</b>	\$	b. Ordinary and necessary operating expenses	\$ <b>0.00</b>	\$	c. Rent and other real property income	Subtract Line b from Line a		\$ <b>0.00</b>	\$
	Debtor	Spouse													
a. Gross receipts	\$ <b>0.00</b>	\$													
b. Ordinary and necessary operating expenses	\$ <b>0.00</b>	\$													
c. Rent and other real property income	Subtract Line b from Line a														
6	<b>Interest, dividends, and royalties.</b>	\$ <b>0.00</b>	\$												
7	<b>Pension and retirement income.</b>	\$ <b>0.00</b>	\$												
8	<b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.	\$ <b>0.00</b>	\$												
9	<b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 30%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 30%;">Debtor \$ <b>0.00</b></td> <td style="width: 30%;">Spouse \$</td> </tr> </table>	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ <b>0.00</b>	Spouse \$	\$ <b>0.00</b>	\$									
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ <b>0.00</b>	Spouse \$													
10	<b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. <b>Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance.</b> Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. <table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th></th> <th style="width: 10%;">Debtor</th> <th style="width: 10%;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> </tbody> </table> Total and enter on Line 10		Debtor	Spouse	a.	\$	\$	b.	\$	\$	\$ <b>0.00</b>	\$			
	Debtor	Spouse													
a.	\$	\$													
b.	\$	\$													
11	<b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$ <b>3,145.78</b>	\$												

12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		\$	<b>3,145.78</b>
<b>Part III. APPLICATION OF § 707(b)(7) EXCLUSION</b>				
13	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the number 12 and enter the result.			\$ <b>37,749.36</b>
14	<b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>IN</u> b. Enter debtor's household size: <u>2</u>			\$ <b>51,926.00</b>
15	<b>Application of Section 707(b)(7).</b> Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> <b>The amount on Line 13 is less than or equal to the amount on Line 14.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. <input type="checkbox"/> <b>The amount on Line 13 is more than the amount on Line 14.</b> Complete the remaining parts of this statement.			
<b>Part VIII. VERIFICATION</b>				
57	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i> Date: <u>December 3, 2013</u> Signature: <u>/s/ Patricia A Larocque</u> <b>Patricia A Larocque</b> <i>(Debtor)</i>			

**Current Monthly Income Details for the Debtor****Debtor Income Details:**Income for the Period **06/01/2013** to **11/30/2013**.**Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **Leggett & Platt, Inc**

Income by Month:

6 Months Ago:	<b>06/2013</b>	<b>\$3,406.76</b>
5 Months Ago:	<b>07/2013</b>	<b>\$2,808.59</b>
4 Months Ago:	<b>08/2013</b>	<b>\$3,179.04</b>
3 Months Ago:	<b>09/2013</b>	<b>\$2,144.42</b>
2 Months Ago:	<b>10/2013</b>	<b>\$2,116.80</b>
Last Month:	<b>11/2013</b>	<b>\$2,229.06</b>
Average per month:		<b>\$2,647.45</b>

**Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **support**

Income by Month:

6 Months Ago:	<b>06/2013</b>	<b>\$460.00</b>
5 Months Ago:	<b>07/2013</b>	<b>\$575.00</b>
4 Months Ago:	<b>08/2013</b>	<b>\$460.00</b>
3 Months Ago:	<b>09/2013</b>	<b>\$575.00</b>
2 Months Ago:	<b>10/2013</b>	<b>\$460.00</b>
Last Month:	<b>11/2013</b>	<b>\$460.00</b>
Average per month:		<b>\$498.33</b>



B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court**  
**Northern District of Indiana**

In re Patricia A Larocque

Debtor(s)

Case No.  
Chapter7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**



☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Patricia A Larocque  
Patricia A Larocque

Date: December 3, 2013

B6 Summary (Official Form 6 - Summary) (12/07)

**United States Bankruptcy Court**  
**Northern District of Indiana**

In re **Patricia A Larocque**,  
 Debtor

Case No. \_\_\_\_\_

Chapter **7**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>0.00</b>		
B - Personal Property	<b>Yes</b>	<b>3</b>	<b>7,950.00</b>		
C - Property Claimed as Exempt	<b>Yes</b>	<b>1</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>1</b>		<b>540.00</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>2</b>		<b>5,006.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>14</b>		<b>125,193.35</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>Yes</b>	<b>1</b>			<b>2,015.69</b>
J - Current Expenditures of Individual Debtor(s)	<b>Yes</b>	<b>1</b>			<b>2,489.00</b>
Total Number of Sheets of ALL Schedules		<b>26</b>			
Total Assets			<b>7,950.00</b>		
Total Liabilities				<b>130,739.35</b>	

**United States Bankruptcy Court**  
**Northern District of Indiana**

In re **Patricia A Larocque**,  
 Debtor

Case No. \_\_\_\_\_

Chapter **7**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>5,006.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>0.00</b>
Student Loan Obligations (from Schedule F)	<b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>0.00</b>
TOTAL	<b>5,006.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	<b>2,015.69</b>
Average Expenses (from Schedule J, Line 18)	<b>2,489.00</b>
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	<b>3,145.78</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>0.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	<b>606.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>4,400.00</b>
4. Total from Schedule F		<b>125,193.35</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>129,593.35</b>

B6A (Official Form 6A) (12/07)

In re **Patricia A Larocque**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
--------------------------------------	---	------------------------------------	--	-------------------------

None

Sub-Total >	<b>0.00</b>	(Total of this page)
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Total >	<b>0.00</b>
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(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

B6B (Official Form 6B) (12/07)

In re **Patricia A Larocque**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	<b>X</b>			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>PNC Bank Checking</b>	-	<b>126.55</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, including audio, video, and computer equipment.		<b>Household Goods</b>	-	<b>1,500.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.		<b>Wearing Apparel</b>	-	<b>300.00</b>
7. Furs and jewelry.	<b>X</b>			
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			
10. Annuities. Itemize and name each issuer.	<b>X</b>			

Sub-Total > **1,926.55**  
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Patricia A Larocque**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>401K</b>		-	<b>2,300.00</b>
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>EIC</b>		-	<b>Unknown</b>
		<b>11/12ths of 2013 tax refund</b>	-	<b>223.45</b>
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		<b>Insurance claim for burglary</b>	-	<b>Unknown</b>

Sub-Total > **2,523.45**  
(Total of this page)

Sheet 1 of 2 continuation sheets attached  
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Patricia A Larocque**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>2003 Pontiac Grand Prix</b>	-	<b>2,000.00</b>
		<b>1998 Dodge Durango</b>	-	<b>1,500.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			

Sub-Total > **3,500.00**  
(Total of this page)

Total > **7,950.00**

(Report also on Summary of Schedules)

Sheet **2** of **2** continuation sheets attached  
to the Schedule of Personal Property



B6C (Official Form 6C) (4/13)

In re **Patricia A Larocque**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)☒ 11 U.S.C. §522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<b><u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u></b>			
<b>PNC Bank Checking</b>	<b>Ind. Code § 34-55-10-2(c)(3)</b>	<b>126.55</b>	<b>126.55</b>
<b><u>Household Goods and Furnishings</u></b>			
<b>Household Goods</b>	<b>Ind. Code § 34-55-10-2(c)(2)</b>	<b>1,500.00</b>	<b>1,500.00</b>
<b><u>Wearing Apparel</u></b>			
<b>Wearing Apparel</b>	<b>Ind. Code § 34-55-10-2(c)(2)</b>	<b>300.00</b>	<b>300.00</b>
<b><u>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</u></b>			
<b>401K</b>	<b>Ind. Code § 34-55-10-2(c)(6)</b>	<b>ALL</b>	<b>2,300.00</b>
<b><u>Other Liquidated Debts Owning Debtor Including Tax Refund</u></b>			
<b>EIC</b>	<b>Ind. Code § 34-55-10-2(c)(11)</b>	<b>ALL</b>	<b>Unknown</b>
<b>11/12ths of 2013 tax refund</b>	<b>Ind. Code § 34-55-10-2(c)(3)</b>	<b>223.45</b>	<b>223.45</b>
<b><u>Other Contingent and Unliquidated Claims of Every Nature</u></b>			
<b>Insurance claim for burglary</b>	<b>Ind. Code § 34-55-10-2(c)(3)</b>	<b>0.00</b>	<b>Unknown</b>
<b><u>Automobiles, Trucks, Trailers, and Other Vehicles</u></b>			
<b>2003 Pontiac Grand Prix</b>	<b>Ind. Code § 34-55-10-2(c)(2)</b>	<b>1,460.00</b>	<b>2,000.00</b>
<b>1998 Dodge Durango</b>	<b>Ind. Code § 34-55-10-2(c)(2)</b>	<b>1,500.00</b>	<b>1,500.00</b>

Total:	<b>7,410.00</b>	<b>7,950.00</b>
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0 continuation sheets attached to Schedule of Property Claimed as Exempt

B6D (Official Form 6D) (12/07)

In re **Patricia A Larocque**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D, N A T U R E O F L I E N, A N D D E S C R I P T I O N A N D V A L U E O F P R O P E R T Y S U B J E C T T O L I E N	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M W I T H O U T D E D U C T I N G V A L U E O F C O L L A T E R A L	U N S E C U R E D P O R T I O N, I F A N Y
Account No.			<b>Vehicle lien</b>					
<b>SCS Credit Corp</b> <b>900 E Colfax #200</b> <b>South Bend, IN 46634</b>		-	<b>2003 Pontiac Grand Prix</b>					
			Value \$ <b>2,000.00</b>				<b>540.00</b>	<b>0.00</b>
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)							<b>540.00</b>	<b>0.00</b>
Total (Report on Summary of Schedules)							<b>540.00</b>	<b>0.00</b>

0 continuation sheets attached

In re **Patricia A Larocque**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) - Cont.

In re Patricia A Larocque,  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)**Taxes and Certain Other Debts  
Owed to Governmental Units**

## TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. <b>xxxxxx7840</b>  <b>Indiana Department of Revenue</b> <b>100 N. Senate, Room N203</b> <b>Indianapolis, IN 46204-2253</b>			<b>taxes due</b>					<b>0.00</b>
		-					<b>606.00</b>	<b>606.00</b>
Account No. <b>xxxxxx7840</b>  <b>Elkhart County Treasurer</b> <b>117 N. Second St.</b> <b>Goshen, IN 46526</b>			<b>Additional notice:</b> <b>Indiana Department of Revenue</b>				<b>Notice Only</b>	
Account No.  <b>Internal Revenue Service</b> <b>Insolvency Section</b> <b>PO Box 21126</b> <b>Philadelphia, PA 19114</b>			<b>2011</b>  <b>Taxes</b>					<b>4,400.00</b>
		-					<b>4,400.00</b>	<b>0.00</b>
Account No.  <b>Office of the United States Attorney</b> <b>5400 Federal Plaza Suite 1500</b> <b>Hammond, IN 46320</b>			<b>Additional notice:</b> <b>Internal Revenue Service</b>				<b>Notice Only</b>	
Account No.  								
Subtotal (Total of this page)							<b>5,006.00</b>	<b>606.00</b>
Total (Report on Summary of Schedules)							<b>5,006.00</b>	<b>606.00</b>

Sheet 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

B6F (Official Form 6F) (12/07)

In re **Patricia A Larocque**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>xxxxx-xxxx-xx-x4137</b>  <b>Argent Healthcare Financial Service</b> <b>1900 W Severs Rd</b> <b>PO Box 667</b> <b>La Porte, IN 46350</b>		-	<b>12/3/2007</b> <b>Location:213 N Riverside Blvd Goshen IN 46526</b>			<b>4,305.38</b>
Account No. <b>xxxxx-xxxx-xx-x4137</b>  <b>20D05-0710-SC-04137</b> <b>Elkhart Superior Court No 5</b> <b>315 S Second St</b> <b>Elkhart, IN 46516</b>			<b>Additional notice:</b> <b>Argent Healthcare Financial Service</b>			<b>Notice Only</b>
Account No. <b>xxxxx-xxxx-xx-x4137</b>  <b>Krisor &amp; Associates</b> <b>Attorneys At Law</b> <b>P.O. Box 6200</b> <b>South Bend, IN 46660-6200</b>			<b>Additional notice:</b> <b>Argent Healthcare Financial Service</b>			<b>Notice Only</b>
Account No. <b>xxxxx-xxxx-xx-x2928</b>  <b>Business &amp; Professional Service</b> <b>PO Box 1276</b> <b>529 South Second St</b> <b>Elkhart, IN 46515-1276</b>		-	<b>7/11/2012</b> <b>Location:213 N Riverside Blvd Goshen IN 46526</b>			<b>1,167.78</b>
Subtotal (Total of this page)						<b>5,473.16</b>

13 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Patricia A Larocque**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxx-xxxx-xx-x2928</b>  <b>20D06-1205-SC-02928</b> <b>Elkhart Superior Court No 6</b> <b>315 S Second St</b> <b>Elkhart, IN 46516</b>		Additional notice: <b>Business &amp; Professional Service</b>				<b>Notice Only</b>
Account No. <b>xxxxx-xxxx-xx-x2928</b>  <b>Robert Joseph Butler, Attorney</b> <b>Butler &amp; Sellers PC</b> <b>400 West High St</b> <b>Elkhart, IN 46516</b>		Additional notice: <b>Business &amp; Professional Service</b>				<b>Notice Only</b>
Account No. <b>xxxxx-xxxx-xx-xxxxx xx7955</b>  <b>City of Elkhart Indiana</b> <b>Municipal Building</b> <b>229 S Second St</b> <b>Elkhart, IN 46516</b>	-	<b>9/20/2013</b> <b>Location:213 N Riverside Blvd Goshen IN</b> <b>46526</b>				<b>Unknown</b>
Account No. <b>xxxxx-xxxx-xx-xxxxx xx7955</b>  <b>Elkhart City Court</b> <b>229 S Second st</b> <b>Elkhart, IN 46516</b>		Additional notice: <b>City of Elkhart Indiana</b>				<b>Notice Only</b>
Account No. <b>xxx-xx60-01</b>  <b>City of Goshen</b> <b>Goshen Utilities</b> <b>PO Box 238</b> <b>Goshen, IN 46527</b>	-	<b>utilities</b>				<b>80.10</b>
Sheet no. <b>1</b> of <b>13</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>80.10</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Patricia A Larocque**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>x3993</b>		<b>utilities</b>				<b>64.00</b>
<b>Comcast Chicago Seconds - 4000 Bankruptcy Dept. PO Box 3001 Southeastern, PA 19398-3001</b>	-					
Account No. <b>x3993**</b>		<b>Additional notice: Comcast Chicago Seconds - 4000</b>				<b>Notice Only</b>
<b>Stellar Recovery 1327 Highway 2 West, Suite 100 Kalispell, MT 59901</b>						
Account No. <b>xxxxxxx5719****</b>		<b>credit card</b>				<b>1,000.00</b>
<b>Credit One Bank PO Box 98873 Las Vegas, NV 89193-8873</b>	-					
Account No. <b>xxxxx2200</b>		<b>cable</b>				<b>267.59</b>
<b>DirecTV, Inc. Customer Service PO Box 6550 Greenwood Village, CO 80155-6550</b>	-					
Account No. <b>xx-xxxx2632</b>		<b>Additional notice: DirecTV, Inc.</b>				<b>Notice Only</b>
<b>CBE Group PO Box 2635 Waterloo, IA 50704-2635</b>						
Sheet no. <b>2</b> of <b>13</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>1,331.59</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Patricia A Larocque**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>7375**</b>		<b>medical expense</b>				<b>211.00</b>
<b>Dr. Laura Morris 200 High Park Ave Goshen, IN 46526</b>	-					
Account No.		<b>Additional notice: Dr. Laura Morris</b>				<b>Notice Only</b>
<b>Business &amp; Professional Service PO Box 1276 529 South Second St Elkhart, IN 46515-1276</b>						
Account No. <b>x8393</b>		<b>medical expense</b>				<b>207.00</b>
<b>East Central Indiana Pathology 700 Broadway Fort Wayne, IN 46802</b>	-					
Account No. <b>x8393</b>		<b>Additional notice: East Central Indiana Pathology</b>				<b>Notice Only</b>
<b>SCA Collections 300 E Arlington Blvd Ste 6a Greenville, NC 27858</b>						
Account No. <b>5780**</b>		<b>Medical expense</b>				<b>154.00</b>
<b>Elkhart Emergency Physicians 3371 Cleveland Rd Ste 210 South Bend, IN 46628</b>	-					
Sheet no. <b>3</b> of <b>13</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>572.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Patricia A Larocque**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>5780**</b>  <b>Business &amp; Professional Service</b> <b>PO Box 1276</b> <b>529 South Second St</b> <b>Elkhart, IN 46515-1276</b>		<b>Additional notice:</b> <b>Elkhart Emergency Physicians</b>				<b>Notice Only</b>
Account No. <b>x6634</b>  <b>Fairhaven Obstetrics &amp; Gynecology, Inc</b> <b>1111 Lighthouse Lane</b> <b>Goshen, IN 46526</b>	-	<b>medical expense</b>				<b>640.62</b>
Account No. <b>xxxxx-xxxx-xF-418</b>  <b>Fannie Mae/ Citimortgage</b> <b>c/o Foutty &amp; Foutty LLP</b> <b>155 E Market St Ste 605</b> <b>Indianapolis, IN 46204</b>	-	<b>Location: 213 N Riverside Blvd Goshen IN 46526</b>				<b>81,000.00</b>
Account No. <b>xxxxx-xxxx-xF-418</b>  <b>20D01-1205-MF-418</b> <b>Elkhart Superior Court No 1</b> <b>315 S Second St</b> <b>Elkhart, IN 46516</b>		<b>Additional notice:</b> <b>Fannie Mae/ Citimortgage</b>				<b>Notice Only</b>
Account No. <b>xxxxx-xxxx-xF-418</b>  <b>Andrew M David, Attorney at Law</b> <b>Foutty &amp; Foutty LLP</b> <b>155 E Market St Ste 605</b> <b>Indianapolis, IN 46204</b>		<b>Additional notice:</b> <b>Fannie Mae/ Citimortgage</b>				<b>Notice Only</b>
Sheet no. <b>4</b> of <b>13</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims <div style="text-align: right;">             Subtotal (Total of this page)           </div>						<b>81,640.62</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Patricia A Larocque**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xxxxx-xxxx-xx-x1589</b>		-	<b>8/6/2009</b> <b>Location:213 N Riverside Blvd Goshen IN 46526</b>				<b>2,205.63</b>
<b>Firstsource Financial Solutions Inc f/k/a Firstsource Healthcare Advantage, 1232 West State Rd 2 La Porte, IN 46350</b>							
Account No. <b>xxxxx-xxxx-xx-x1589</b>			<b>Additional notice: Firstsource Financial Solutions Inc</b>				<b>Notice Only</b>
<b>20D05-0905-SC-01589 Elkhart Superior Court No 5 315 S Second St Elkhart, IN 46516</b>							
Account No. <b>xxxxx-xxxx-xx-x1589</b>			<b>Additional notice: Firstsource Financial Solutions Inc</b>				<b>Notice Only</b>
<b>Krisor &amp; Associates Attorneys At Law P.O. Box 6200 South Bend, IN 46660-6200</b>							
Account No. <b>xxxxx-xxxx-xx-x1200</b>		-	<b>5/21/2010</b> <b>Location:213 N Riverside Blvd Goshen IN 46526</b>				<b>785.52</b>
<b>FirstsourceAdvantage, LLC 1232 W State Road 2 La Porte, IN 46350-5469</b>							
Account No. <b>xxxxx-xxxx-xx-x1200</b>			<b>Additional notice: FirstsourceAdvantage, LLC</b>				<b>Notice Only</b>
<b>20D05-1004-SC-01200 Elkhart Superior Court No 5 315 S Second St Elkhart, IN 46516</b>							
Sheet no. <u>5</u> of <u>13</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			<b>2,991.15</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Patricia A Larocque**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>xxxxx-xxxx-xx-x1200</b>						<b>Notice Only</b>
<b>Krisor &amp; Associates Attorneys At Law P.O. Box 6200 South Bend, IN 46660-6200</b>			<b>Additional notice: FirstsourceAdvantage, LLC</b>			
Account No. <b>xxxxxxxxx0092****</b>			<b>utilities</b>			<b>450.00</b>
<b>Frontier Communications 19 John St Middletown, NY 10940</b>		-				
Account No.			<b>textbook fees</b>			<b>52.00</b>
<b>Goshen Comunity Schools 613 East Pul Street Goshen, IN 46526</b>		-				
Account No. <b>xx--xx60-01</b>			<b>Utilities</b>			<b>80.10</b>
<b>Goshen Water &amp; Sewer PO Box 238 Goshen, IN 46527</b>		-				
Account No. <b>xxxx1035****</b>			<b>debt</b>			<b>2,116.00</b>
<b>Heights Finance Corporation P.O. Box 9520 Peoria, IL 61612-9520</b>		-				
Sheet no. <u>6</u> of <u>13</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>2,698.10</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Patricia A Larocque**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxxxx2737</b>		<b>Credit card purchases</b>				<b>1,000.00</b>
<b>HSBC Card Services PO Box 80084 Salinas, CA 93912-0084</b>	-					
Account No. <b>xxxxxxxx0007****</b>		<b>Credit card purchases</b>				<b>1,000.00</b>
<b>HSBC Card Services PO Box 80084 Salinas, CA 93912-0084</b>	-					
Account No. <b>xx3469****</b>		<b>Credit card purchases</b>				<b>692.00</b>
<b>HSBC Card Services PO Box 80084 Salinas, CA 93912-0084</b>	-					
Account No.		<b>Additional notice: HSBC Card Services</b>				<b>Notice Only</b>
<b>Midland Funding LLC 8875 Aero Drive Ste 200 San Diego, CA 92123</b>						
Account No. <b>xxxx6804</b>		<b>Medical expense</b>				<b>12,657.00</b>
<b>I.U. Health Goshen Hospital PO Box 139 Goshen, IN 46527</b>	-					
Sheet no. <u>7</u> of <u>13</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>15,349.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Patricia A Larocque**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxx7902</b>						<b>Notice Only</b>
<b>Firstsource Financial Solutions Inc f/k/a Firstsource Healthcare Advantage, 1232 West State Rd 2 La Porte, IN 46350</b>		<b>Additional notice: I.U. Health Goshen Hospital</b>				
Account No. <b>x3842</b>		<b>Medical expense</b>				<b>50.00</b>
<b>I.U. Health Goshen Physicians Formerly Primecare Physician Network PO Box 834 Goshen, IN 46527</b>	-					
Account No. <b>2106**</b>						<b>Notice Only</b>
<b>Collection Service of Goshen 308 S. Main St. PO Box 584 Goshen, IN 46526</b>		<b>Additional notice: I.U. Health Goshen Physicians</b>				
Account No. <b>xxxxx-xxxx-xx-4343</b>		<b>9/8/2012 Location: 213 N Riverside Blvd Goshen IN 46526</b>				<b>2,471.81</b>
<b>Interim Capital Group Inc 6502 E Wstfld Blvd Fl 3 Indianapolis, IN 46220</b>	-					
Account No. <b>xxxxx-xxxx-xx-4343</b>						<b>Notice Only</b>
<b>20D04-1207-SC-4343 Elkhart Superior Court 4 101 N Main St Goshen, IN 46526</b>		<b>Additional notice: Interim Capital Group Inc</b>				
Sheet no. <u>8</u> of <u>13</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>2,521.81</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Patricia A Larocque**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xxxxx-xxxx-xx-4343</b>  <b>Karl T. Ryan, Attorney at Law</b> <b>6502 Westfield Blvd</b> <b>Indianapolis, IN 46220</b>		<b>Additional notice:</b> <b>Interim Capital Group Inc</b>				<b>Notice Only</b>
Account No. <b>xxxx-xxxx-xxxx-4256</b>  <b>Interim Capital Group, Inc</b> <b>6502 E Wstfld Blvd Fl 3</b> <b>Indianapolis, IN 46220</b>	-	<b>debt</b>				<b>2,455.61</b>
Account No. <b>xxxxxxxxxxxxxx2556</b>  <b>Karl T. Ryan, Attorney at Law</b> <b>6502 Westfield Blvd</b> <b>Indianapolis, IN 46220</b>		<b>Additional notice:</b> <b>Interim Capital Group, Inc</b>				<b>Notice Only</b>
Account No. <b>x7893**</b>  <b>Lake City Bank</b> <b>PO Box 1387</b> <b>Warsaw, IN 46581-1387</b>	-	<b>debt</b>				<b>705.00</b>
Account No. <b>x7893</b>  <b>Helvey &amp; Associates, Inc.</b> <b>1015 E. Center St.</b> <b>Warsaw, IN 46580-3497</b>		<b>Additional notice:</b> <b>Lake City Bank</b>				<b>Notice Only</b>
Sheet no. <b>9</b> of <b>13</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>3,160.61</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **Patricia A Larocque**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxx9621****</b>		<b>debt</b>				
<b>LVNV Funding LLC</b> <b>PO Box 10584</b> <b>15 South Main St Ste 700</b> <b>Greenville, SC 29603</b>	-					<b>1,058.00</b>
Account No.		<b>vet expense</b>				
<b>Maplecrest Animal Hospital</b> <b>1214 N Main S</b> <b>Goshen, IN 46528</b>	-					<b>102.00</b>
Account No. <b>2201*</b>		<b>Additional notice:</b> <b>Maplecrest Animal Hospital</b>				<b>Notice Only</b>
<b>Collection Service of Goshen</b> <b>308 S. Main St.</b> <b>PO Box 584</b> <b>Goshen, IN 46526</b>						
Account No. <b>x7623**</b>		<b>medical expense</b>				
<b>Martin Memorial Health systems</b> <b>300 SE Hospital Ave</b> <b>Stuart, FL 34994</b>	-					<b>313.00</b>
Account No. <b>x7623**</b>		<b>Additional notice:</b> <b>Martin Memorial Health systems</b>				<b>Notice Only</b>
<b>Financial Credit Services</b> <b>628 Bypass Dr</b> <b>Clearwater, FL 33764</b>						
Sheet no. <b>10</b> of <b>13</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page)
						<b>1,473.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Patricia A Larocque**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxxx5406****</b>		<b>credit card</b>				
<b>Merrick Bank P. O. Box 5721 Hicksville, NY 11802-5721</b>	-					<b>1,027.00</b>
Account No. <b>x7988</b>		<b>medical expense</b>				
<b>Michiana Eye Center 319 N Niles Ave #100 South Bend, IN 46617</b>	-					<b>58.00</b>
Account No. <b>xxxxx-xxxx-xx-x2440</b>		<b>11/12/2010 Location:213 N Riverside Blvd Goshen IN 46526</b>				
<b>Midland Credit Managment 8875 Aero Dr Ste 200 San Diego, CA 92123</b>	-					<b>1,490.61</b>
Account No. <b>xxxxx-xxxx-xx-x2440</b>		<b>Additional notice: Midland Credit Managment</b>				<b>Notice Only</b>
<b>20D06-1109-SC-02440 Elkhart Superior Court No 6 315 S Second St Elkhart, IN 46516</b>						
Account No. <b>xxxxx-xxxx-xx-x2440</b>		<b>Additional notice: Midland Credit Managment</b>				<b>Notice Only</b>
<b>Bowman Heintz Boscia &amp; Vician 8605 Broadway Merrillville, IN 46410-7033</b>						
Sheet no. <b>11</b> of <b>13</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>2,575.61</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Patricia A Larocque**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xx3469****</b>  <b>Midland Funding LLC</b> <b>8875 Aero Drive Ste 200</b> <b>San Diego, CA 92123</b>	-	<b>collection</b>				<b>692.00</b>
Account No. <b>xx8051****</b>  <b>North Central Orthopedics</b> <b>1824 Dorchester Ct</b> <b>Goshen, IN 46526</b>	-	<b>medical expense</b>				<b>284.00</b>
Account No. <b>48051****</b>  <b>Revenue Recovery Corp</b> <b>6207 Summer Ave</b> <b>Memphis, TN 38134</b>		<b>Additional notice:</b> <b>North Central Orthopedics</b>				<b>Notice Only</b>
Account No. <b>xxxxx3376</b>  <b>Radiology, Inc.</b> <b>Billing Office</b> <b>620 W. Edison Rd.</b> <b>Mishawaka, IN 46544</b>	-	<b>medical expense</b>				<b>524.60</b>
Account No.  <b>Diamond and Diamond</b> <b>Attorneys At Law</b> <b>405 West Wayne Street PO Box 1875</b> <b>South Bend, IN 46634-1875</b>		<b>Additional notice:</b> <b>Radiology, Inc.</b>				<b>Notice Only</b>
Sheet no. <b>12</b> of <b>13</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>1,500.60</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Patricia A Larocque**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>Rent-A-Center Inc</b> <b>2114 Elkhart Road</b> <b>Goshen, IN 46526</b>	-	<b>rental</b>				<b>1,670.00</b>
Account No. xxxxxxxxxxxxxxxx8800****						
<b>RAC Acceptance</b> <b>ATTN RAC Acceptance Customer Serv</b> <b>5501 Headquarters Dr.</b> <b>Plano, TX 75024</b>		<b>Additional notice:</b> <b>Rent-A-Center Inc</b>				<b>Notice Only</b>
Account No. 6485****						
<b>Swiss Colony</b> <b>1112 7th Ave.</b> <b>Monroe, WI 53566-1364</b>	-	<b>charge account</b>				<b>380.00</b>
Account No. xxxxxx2420****						
<b>Verizon Wireless</b> <b>1515 Woodfield Rd Ste 1400 12FL</b> <b>Schaumburg, IL 60173</b>	-	<b>Telephone</b>				<b>1,776.00</b>
Account No.						
Sheet no. <u>13</u> of <u>13</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>3,826.00</b>
						Total (Report on Summary of Schedules)
						<b>125,193.35</b>

In re Patricia A Larocque, Case No. \_\_\_\_\_  
Debtor

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
--	--

In re Patricia A Larocque

Case No. \_\_\_\_\_

Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
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B6I (Official Form 6I) (12/07)

In re **Patricia A Larocque**

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
<b>Widowed</b>	RELATIONSHIP(S): <b>son</b>	AGE(S): <b>15 years</b>
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation	<b>Press Clerk</b>	
Name of Employer	<b>Syndicate</b>	
How long employed	<b>22 years</b>	
Address of Employer	<b>410 N Main S Middlebury, IN 46540</b>	

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)

DEBTOR	SPOUSE
\$ <b>2,229.06</b>	\$ <b>N/A</b>

2. Estimate monthly overtime

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

3. SUBTOTAL

\$ <b>2,229.06</b>	\$ <b>N/A</b>
--------------------	---------------

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

\$ <b>423.07</b>	\$ <b>N/A</b>
------------------	---------------

b. Insurance

\$ <b>290.30</b>	\$ <b>N/A</b>
------------------	---------------

c. Union dues

\$ <b>0.00</b>	\$ <b>N/A</b>
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d. Other (Specify): \_\_\_\_\_

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ <b>713.37</b>	\$ <b>N/A</b>
------------------	---------------

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ <b>1,515.69</b>	\$ <b>N/A</b>
--------------------	---------------

7. Regular income from operation of business or profession or farm (Attach detailed statement)

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

8. Income from real property

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

9. Interest and dividends

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

\$ <b>500.00</b>	\$ <b>N/A</b>
------------------	---------------

11. Social security or government assistance

(Specify): \_\_\_\_\_

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

12. Pension or retirement income

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

13. Other monthly income

(Specify): \_\_\_\_\_

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ <b>500.00</b>	\$ <b>N/A</b>
------------------	---------------

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ <b>2,015.69</b>	\$ <b>N/A</b>
--------------------	---------------

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ <b>2,015.69</b>	
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(Report also on Summary of Schedules and, if applicable, on  
Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:



B6J (Official Form 6J) (12/07)

In re **Patricia A Larocque**

Case No. \_\_\_\_\_

Debtor(s) \_\_\_\_\_

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)		\$	<b>554.00</b>
a. Are real estate taxes included?	Yes _____ No <u><b>X</b></u>		
b. Is property insurance included?	Yes _____ No <u><b>X</b></u>		
2. Utilities:		\$	<b>200.00</b>
a. Electricity and heating fuel		\$	<b>30.00</b>
b. Water and sewer		\$	<b>55.00</b>
c. Telephone		\$	<b>0.00</b>
d. Other _____		\$	<b>150.00</b>
3. Home maintenance (repairs and upkeep)		\$	<b>500.00</b>
4. Food		\$	<b>150.00</b>
5. Clothing		\$	<b>30.00</b>
6. Laundry and dry cleaning		\$	<b>250.00</b>
7. Medical and dental expenses		\$	<b>300.00</b>
8. Transportation (not including car payments)		\$	<b>100.00</b>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.		\$	<b>0.00</b>
10. Charitable contributions		\$	<b>0.00</b>
11. Insurance (not deducted from wages or included in home mortgage payments)		\$	<b>0.00</b>
a. Homeowner's or renter's		\$	<b>0.00</b>
b. Life		\$	<b>0.00</b>
c. Health		\$	<b>0.00</b>
d. Auto		\$	<b>170.00</b>
e. Other _____		\$	<b>0.00</b>
12. Taxes (not deducted from wages or included in home mortgage payments)		\$	<b>0.00</b>
(Specify) _____		\$	<b>0.00</b>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)			
a. Auto		\$	<b>0.00</b>
b. Other _____		\$	<b>0.00</b>
c. Other _____		\$	<b>0.00</b>
14. Alimony, maintenance, and support paid to others		\$	<b>0.00</b>
15. Payments for support of additional dependents not living at your home		\$	<b>0.00</b>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$	<b>0.00</b>
17. Other _____		\$	<b>0.00</b>
Other _____		\$	<b>0.00</b>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		\$	<b>2,489.00</b>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:			
20. STATEMENT OF MONTHLY NET INCOME			
a. Average monthly income from Line 15 of Schedule I		\$	<b>2,015.69</b>
b. Average monthly expenses from Line 18 above		\$	<b>2,489.00</b>
c. Monthly net income (a. minus b.)		\$	<b>-473.31</b>

B6 Declaration (Official Form 6 - Declaration). (12/07)

**United States Bankruptcy Court  
Northern District of Indiana**

In re **Patricia A Larocque**

Debtor(s)

Case No.  
Chapter

**7**

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **28** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **December 3, 2013**

Signature **/s/ Patricia A Larocque**

**Patricia A Larocque**

Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court  
Northern District of Indiana**

In re **Patricia A Larocque**

Debtor(s)

Case No.

Chapter

**7**

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

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**1. Income from employment or operation of business**

None

☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<b>\$30,231.68</b>	<b>2013 YTD: Debtor Syndicate</b>
<b>\$27,409.00</b>	<b>2012: Debtor Syndicate</b>
<b>\$24,911.92</b>	<b>2011: Debtor Syndicate</b>

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**2. Income other than from employment or operation of business**

None

☐ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<b>\$6,000.00</b>	<b>2012: Child Support</b>

B7 (Official Form 7) (04/13)

2

AMOUNT  
\$6,000.00  
\$5,520.00

SOURCE  
2011: Child Support  
2013 Child Support

**3. Payments to creditors**

None

*Complete a. or b., as appropriate, and c.*

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS  
OF CREDITOR

DATES OF  
PAYMENTS

AMOUNT PAID

AMOUNT STILL  
OWING

None



b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF  
PAYMENTS/  
TRANSFERS

AMOUNT  
PAID OR  
VALUE OF  
TRANSFERS

AMOUNT STILL  
OWING

None



c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND  
RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL  
OWING

**4. Suits and administrative proceedings, executions, garnishments and attachments**

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT  
AND CASE NUMBER  
**City of Elkhart Indiana v Patricia Ann Larocque**  
**20H05-1209-OV-11124 297955**

NATURE OF  
PROCEEDING  
**Citation, OV**

COURT OR AGENCY  
AND LOCATION  
**Elkhart City Court No 1**  
**229 S Second St**  
**Elkhart IN 46516**

STATUS OR  
DISPOSITION  
**judgment**

**Larouque, Patricia vs Ernest Davis**  
**20C01-0605-DR-00091**

**Domestic**  
**Relations**

**Elkhart Circuit Court**  
**101 N Main St**  
**Goshen IN 46516**

**judgment**

**Interim v Patricia A Davis**  
**20D04-1207-SC-04343**

**Small Claims**

**Elkhart Superior Court No 4**  
**101 N Main St**  
**Goshen IN 46526**

**judgment**

**BPS v Davis Larocque**  
**20D06-1205-SC-02928**

**Small Claims**

**Elkhart Superior Court No 6**  
**315 S Second St**  
**Elkhart IN 46516**

**judgment**

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B7 (Official Form 7) (04/13)

3

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>Citimortgage v Davis Et Al</b> <b>20D01-1205-MF-00418</b>	<b>Mortgage Foreclosure</b>	<b>Elkhart Superior Court No 1</b> <b>315 S Second St</b> <b>Elkhart IN 46516</b>	<b>judgment</b>
<b>Firstsource Healthcare Advantage inc. v Ernest Davis, Patricia Davis</b> <b>20D05-0905-SC-01589</b>	<b>Small Claims</b>	<b>Elkhart Superior Court No 5</b> <b>315 S Second St</b> <b>Elkhart IN 46516</b>	<b>judgment</b>
<b>Argent v Davis</b> <b>20D05-0710-SC-4137</b>	<b>Small Claims</b>	<b>Elkhart Superior Court No 5</b> <b>315 S Second St</b> <b>Elkhart IN 46516</b>	<b>judgment</b>

None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
<b>Business &amp; Professional Service</b> <b>PO Box 1276</b> <b>529 South Second St</b> <b>Elkhart, IN 46515-1276</b>	<b>9/20/13 - present</b>	<b>garnishment of wages</b>
<b>Argent Healthcare Financial Service</b> <b>1900 W Severs Rd</b> <b>PO Box 667</b> <b>La Porte, IN 46350</b>	<b>11/8/2013</b>	<b>garnishment</b>

#### 5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
<b>Citimortgage Inc.</b> <b>PO Box 9438 Dept 0251</b> <b>Gaithersburg, MD 20898</b>	<b>3/2013</b>	<b>213 N Riverside Blvd, Goshen IN 46526 \$40,000</b>

#### 6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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**7. Gifts**

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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**8. Losses**

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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**9. Payments related to debt counseling or bankruptcy**

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Loraine P. Troyer 121 N Third Street Goshen, IN 46526		\$800.00

**10. Other transfers**

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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**11. Closed financial accounts**

None

- ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
Lake City Bank	checking \$0	\$0 July, 2011

**12. Safe deposit boxes**

None

- ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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**13. Setoffs**

None

- ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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**14. Property held for another person**

None

- ☒ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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**15. Prior address of debtor**

None

- ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
213 N Riverside Blvd Goshen IN 46526	Patricia A Larocque	1992-2012

**16. Spouses and Former Spouses**

None

- ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

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**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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**18. Nature, location and name of business**

- None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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- None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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B7 (Official Form 7) (04/13)

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**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date **December 3, 2013**

Signature **/s/ Patricia A Larocque**  
**Patricia A Larocque**  
Debtor

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

B8 (Form 8) (12/08)

**United States Bankruptcy Court**  
**Northern District of Indiana**

In re Patricia A Larocque

Debtor(s)

Case No.

Chapter

7

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A** - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
<b>Creditor's Name:</b> SCS Credit Corp	<b>Describe Property Securing Debt:</b> 2003 Pontiac Grand Prix
Property will be (check one): <input type="checkbox"/> Surrendered <span style="margin-left: 150px;"><input checked="" type="checkbox"/> Retained</span>	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <span style="margin-left: 150px;"><input type="checkbox"/> Not claimed as exempt</span>	

**PART B** - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
<b>Lessor's Name:</b> -NONE-	<b>Describe Leased Property:</b>	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <span style="margin-left: 50px;"><input type="checkbox"/> NO</span>

**I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.**

Date December 3, 2013Signature /s/ Patricia A LarocquePatricia A Larocque

Debtor

**United States Bankruptcy Court  
Northern District of Indiana**

In re Patricia A Larocque

Debtor(s)

Case No.

Chapter

7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u>800.00</u>
Prior to the filing of this statement I have received .....	\$	<u>800.00</u>
Balance Due .....	\$	<u>0.00</u>

2. \$ 306.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:



Debtor



Other (specify):

4. The source of compensation to be paid to me is:



Debtor



Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors in regards to reaffirmation; exemption planning; preparation and filing of reaffirmation agreements as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any redemption agreements; dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: December 3, 2013/s/ Loraine P. Troyer

Loraine P. Troyer  
Loraine P. Troyer  
102 W. Lincoln Ave., Suite 210  
1st Source Bank Building  
Goshen, IN 46526  
(574)534-2347 Fax: (574)534-9101  
lorainetroyer@frontier.com

Date December 3, 2013Signature /s/ Patricia A LarocquePatricia A Larocque

Debtor

**United States Bankruptcy Court  
Northern District of Indiana**

In re **Patricia A Larocque**

Debtor(s)

Case No.

Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: **December 3, 2013**

**/s/ Patricia A Larocque**

**Patricia A Larocque**

Signature of Debtor

20D01-1205-MF-418  
ELKHART SUPERIOR COURT NO 1  
315 S SECOND ST  
ELKHART, IN 46516

20D04-1207-SC-4343  
ELKHART SUPERIOR COURT 4  
101 N MAIN ST  
GOSHEN, IN 46526

20D05-0710-SC-04137  
ELKHART SUPERIOR COURT NO 5  
315 S SECOND ST  
ELKHART, IN 46516

20D05-0905-SC-01589  
ELKHART SUPERIOR COURT NO 5  
315 S SECOND ST  
ELKHART, IN 46516

20D05-1004-SC-01200  
ELKHART SUPERIOR COURT NO 5  
315 S SECOND ST  
ELKHART, IN 46516

20D06-1109-SC-02440  
ELKHART SUPERIOR COURT NO 6  
315 S SECOND ST  
ELKHART, IN 46516

20D06-1205-SC-02928  
ELKHART SUPERIOR COURT NO 6  
315 S SECOND ST  
ELKHART, IN 46516

ANDREW M DAVID, ATTORNEY AT LAW  
FOUTTY & FOUTTY LLP  
155 E MARKET ST STE 605  
INDIANAPOLIS, IN 46204

ARGENT HEALTHCARE FINANCIAL SERVICE  
1900 W SEVERS RD  
PO BOX 667  
LA PORTE, IN 46350

BOWMAN HEINTZ BOSCIA & VICIAN  
8605 BROADWAY  
MERRILLVILLE, IN 46410-7033

BUSINESS & PROFESSIONAL SERVICE  
PO BOX 1276  
529 SOUTH SECOND ST  
ELKHART, IN 46515-1276

CBE GROUP  
PO BOX 2635  
WATERLOO, IA 50704-2635

CITY OF ELKHART INDIANA  
MUNICIPAL BUILDING  
229 S SECOND ST  
ELKHART, IN 46516

CITY OF GOSHEN  
GOSHEN UTILITIES  
PO BOX 238  
GOSHEN, IN 46527

COLLECTION SERVICE OF GOSHEN  
308 S. MAIN ST.  
PO BOX 584  
GOSHEN, IN 46526

COMCAST CHICAGO SECONDS - 4000  
BANKRUPTCY DEPT.  
PO BOX 3001  
SOUTHEASTERN, PA 19398-3001

CREDIT ONE BANK  
PO BOX 98873  
LAS VEGAS, NV 89193-8873

DIAMOND AND DIAMOND  
ATTORNEYS AT LAW  
405 WEST WAYNE STREET PO BOX 1875  
SOUTH BEND, IN 46634-1875

DIRECTV, INC.  
CUSTOMER SERVICE  
PO BOX 6550  
GREENWOOD VILLAGE, CO 80155-6550

DR. LAURA MORRIS  
200 HIGH PARK AVE  
GOSHEN, IN 46526

EAST CENTRAL INDIANA PATHOLOGY  
700 BROADWAY  
FORT WAYNE, IN 46802

ELKHART CITY COURT  
229 S SECOND ST  
ELKHART, IN 46516

ELKHART COUNTY TREASURER  
117 N. SECOND ST.  
GOSHEN, IN 46526

ELKHART EMERGENCY PHYSICIANS  
3371 CLEVELAND RD STE 210  
SOUTH BEND, IN 46628

FAIRHAVEN OBSTETRICS & GYNECOLOGY, INC  
1111LIGHTHOUSE LANE  
GOSHEN, IN 46526

FANNIE MAE/ CITIMORTGAGE  
C/O FOUTTY & FOUTTY LLP  
155 E MARKET ST STE 605  
INDIANAPOLIS, IN 46204

FINANCIAL CREDIT SERVICES  
628 BYPASS DR  
CLEARWATER, FL 33764

FIRSTSOURCE FINANCIAL SOLUTIONS INC  
F/K/A FIRSTSOURCE HEALTHCARE ADVANTAGE,  
1232 WEST STATE RD 2  
LA PORTE, IN 46350

FIRSTSOURCEADVANTAGE, LLC  
1232 W STATE ROAD 2  
LA PORTE, IN 46350-5469

FRONTIER COMMUNICATIONS  
19 JOHN ST  
MIDDLETOWN, NY 10940

GOSHEN COMUNITY SCHOOLS  
613 EAST PUL STREET  
GOSHEN, IN 46526

GOSHEN WATER & SEWER  
PO BOX 238  
GOSHEN, IN 46527



HEIGHTS FINANCE CORPORATION  
P.O. BOX 9520  
PEORIA, IL 61612-9520

HELVEY & ASSOCIATES, INC.  
1015 E. CENTER ST.  
WARSAW, IN 46580-3497

HSBC CARD SERVICES  
PO BOX 80084  
SALINAS, CA 93912-0084

I.U. HEALTH GOSHEN HOSPITAL  
PO BOX 139  
GOSHEN, IN 46527

I.U. HEALTH GOSHEN PHYSICIANS  
FORMERLY PRIMECARE PHYSICIAN NETWORK  
PO BOX 834  
GOSHEN, IN 46527

INDIANA DEPARTMENT OF REVENUE  
100 N. SENATE, ROOM N203  
INDIANAPOLIS, IN 46204-2253

INTERIM CAPITAL GROUP INC  
6502 E WSTFLD BLVD FL 3  
INDIANAPOLIS, IN 46220

INTERIM CAPITAL GROUP, INC  
6502 E WSTFLD BLVD FL 3  
INDIANAPOLIS, IN 46220

INTERNAL REVENUE SERVICE  
INSOLVENCY SECTION  
PO BOX 21126  
PHILADELPHIA, PA 19114

KARL T. RYAN, ATTORNEY AT LAW  
6502 WESTFIELD BLVD  
INDIANAPOLIS, IN 46220

KRISOR & ASSOCIATES  
ATTORNEYS AT LAW  
P.O. BOX 6200  
SOUTH BEND, IN 46660-6200

LAKE CITY BANK  
PO BOX 1387  
WARSAW, IN 46581-1387

LVNV FUNDING LLC  
PO BOX 10584  
15 SOUTH MAIN ST STE 700  
GREENVILLE, SC 29603

MAPLECREST ANIMAL HOSPITAL  
□1214 N MAIN S  
GOSHEN, IN 46528

MARTIN MEMORIAL HEALTH SYSTEMS  
300 SE HOSPITAL AVE  
STUART, FL 34994

MERRICK BANK  
P. O. BOX 5721  
HICKSVILLE, NY 11802-5721

MICHIANA EYE CENTER  
319 N NILES AVE #100  
SOUTH BEND, IN 46617

MIDLAND CREDIT MANAGMENT  
8875 AERO DR STE 200  
SAN DIEGO, CA 92123

MIDLAND FUNDING LLC  
8875 AERO DRIVE STE 200  
SAN DIEGO, CA 92123

NORTH CENTRAL ORTHOPEDICS  
1824 DORCHESTER CT  
GOSHEN, IN 46526

OFFICE OF THE UNITED STATES ATTORNEY  
5400 FEDERAL PLAZA SUITE 1500  
HAMMOND, IN 46320

RAC ACCEPTANCE  
ATTN RAC ACCEPTANCE CUSTOMER SERV  
5501 HEADQUARTERS DR.  
PLANO, TX 75024

RADIOLOGY, INC.  
BILLING OFFICE  
620 W. EDISON RD.  
MISHAWAKA, IN 46544

RENT-A-CENTER INC  
2114 ELKHART ROAD  
GOSHEN, IN 46526

REVENUE RECOVERY CORP  
□6207 SUMMER AVE  
MEMPHIS, TN 38134

ROBERT JOSEPH BUTLER, ATTORNEY  
BUTLER & SELLERS PC  
400 WEST HIGH ST  
ELKHART, IN 46516

SCA COLLECTIONS  
300 E ARLINGTON BLVD STE 6A  
GREENVILLE, NC 27858

SCS CREDIT CORP  
900 E COLFAX #200  
SOUTH BEND, IN 46634

STELLAR RECOVERY  
1327 HIGHWAY 2 WEST, SUITE 100  
KALISPELL, MT 59901

SWISS COLONY  
1112 7TH AVE.  
MONROE, WI 53566-1364

VERIZON WIRELESS  
1515 WOODFIELD RD STE 1400 12FL  
SCHAUMBURG, IL 60173

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF INDIANA  
NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

### **1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

### **2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

#### **Chapter 7: Liquidation (\$245 filing fee, \$46 administrative fee, \$15 trustee surcharge: Total Fee \$306)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

#### **Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$46 administrative fee: Total fee \$281)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1,167 filing fee, \$46 administrative fee: Total fee \$1,213)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$46 administrative fee: Total fee \$246)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

B 201B (Form 201B) (12/09)

**United States Bankruptcy Court**  
**Northern District of Indiana**

In re Patricia A Larocque

Debtor(s)

Case No. \_\_\_\_\_

Chapter

7

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)**  
**UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certification of Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Patricia A Larocque

Printed Name(s) of Debtor(s)

X /s/ Patricia A Larocque

Signature of Debtor

December 3, 2013

Date

Case No. (if known) \_\_\_\_\_

X \_\_\_\_\_

Signature of Joint Debtor (if any)

Date

**Instructions:** Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.